WR Grace

Bankruptcy Form 10

Index Sheet

A 0 0 0 0 2 6 5 2 B

Claim Number: 00002652

Receive Date: 01/27/2003

Multiple Claim Reference

Claim Number _____

- ☐ MMPOC Medical Monitoring Claim Form
- ☐ PDPOC Property Damage
- ☐ NAPO Non-Asbestos Claim Form
- ☐ Amended

Claim Number _____

- ☐ MMPOC Medical Monitoring Claim Form
- ☐ PDPOC Property Damage
- ☐ NAPO Non-Asbestos Claim Form
- ☐ Amended

Attorney Information

Firm Number:

Firm Name:

Attorney Number:

Attorney Name:

Zip Code:

Cover Letter Location Number:

Attachments Medical Monitoring	Attachments Property Damage	Non-Asbestos
☐ TBD	☐ TBD	☒ Other Attachments
☐ TBD	☐ TBD	
☐ TBD	☐ TBD	
☐ TBD	☐ TBD	
☐ TBD	☐ TBD	
	☐ Other Attachments	
Other	☐ Non-Standard Form	
	☐ Amended	
	☐ Post-Deadline Postmark Date	

FORM B10 (Official Form 10) (4/01)

UNITED STATES BANKRUPTCY COURT for the DISTRICT OF Delaware

PROOF OF CLAIM

Name of Debtor: W. R. GRACE & CO., et al.

Case Number: 01-01139 (JKF)

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor (The person or other entity to whom the debtor owes money or property):
Harbison-Walker Refractories Company

Name and address where notices should be sent:
Harbison-Walker Refractories Company
400 Fairway Drive
Moon Township, PA 15108
Telephone number: (412) 375-6600

☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.
☐ Check box if you have never received any notices from the bankruptcy court in this case.
☐ Check box if the address differs from the address on the envelope sent to you by the court.

THIS SPACE IS FOR COURT USE ONLY

Account or other number by which creditor identifies debtor: N/A

Check here if this claim ☐ replaces ☐ amends a previously filed claim, dated:_____

1. Basis for Claim

☐ Goods sold
☐ Services performed
☐ Money loaned
☐ Personal injury/wrongful death
☐ Taxes
☒ Other Contribution, Indemnity or Guaranty

☐ Retiree benefits as defined in 11 U.S.C. § 1114(a)
☐ Wages, salaries, and compensation (fill out below)
Your SS #: _____ _____ _____
Unpaid compensation for services performed from _____ (date) to _____ (date)

2. Date debt was incurred: See attached.

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: $ See attached.

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

5. Secured Claim.

☐ Check this box if your claim is secured by collateral (including a right of setoff).

Brief Description of Collateral:
☐ Real Estate ☐ Motor Vehicle
☐ Other_____

Value of Collateral: $_____

Amount of arrearage and other charges at time case filed included in secured claim, if any: $_____

6. Unsecured Priority Claim.

☐ Check this box if you have an unsecured priority claim

Amount entitled to priority $_____

Specify the priority of the claim:

☐ Wages, salaries, or commissions (up to $4,650),* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3).
☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4).
☐ Up to $2,100* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6).
☐ Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7).
☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).
☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____).

Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

8. Supporting Documents: *Attach copies of supporting documents,* such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

THIS SPACE IS FOR COURT USE ONLY

Date: 1/23/03

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):
Jon A. Allegretti, President and Secretary

WR Grace BF.12.46.2268
00002652
SR=283

Penalty for presenting fraudulent claim: Fine of up to $500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

REC'D JAN 27 2003

In re: W. R. GRACE & CO., et al.,
Debtors.

Chapter 11

Case No. 01-01139 (JKF) Jointly Administered

ADDENDUM TO HARBISON-WALKER REFRACTORIES COMPANY'S PROOF OF CLAIM

The debtor was, at the time of filing of the petition ("Petition Date"), and still is liable to Harbison-Walker Refractories Company ("HWR") for contribution, reimbursement, warranty, guarantee, or indemnification (including the cost of defense and attorney's fees) on claims heretofore and hereafter asserted against HWR by persons or entities seeking damages for alleged asbestos-related personal injury. To the extent necessary, HWR makes this proof of claim pursuant to Section 501(b) of the Bankruptcy Code and FED. R. BANKR. P. 3005(a) on behalf of all persons or entities who have claims of the kind herein described, whether such claims are pursued individually or as members of a class. The sum in which the debtor was and still is liable to HWR is as yet undetermined.

HWR may have filed or may be deemed to have filed as a matter of law, and may file in the future claims or cross-claims against the debtor for contribution, indemnity, partial indemnity and declaratory relief in asbestos-related personal injury actions pending in state and federal courts.

The amount of all payments on this claim has been credited and deducted for the purposes of making this proof of claim.

In some lawsuits in which HWR and the debtor are codefendants, the debtor may have filed cross-claims against HWR, and in some other lawsuits cross-claims are deemed interposed as a matter of law. HWR contests these cross-claims and submits that its claim is not subject to any setoff or claim.

HWR denies that it is liable to those making asbestos-related personal injury claims. Neither the filing of this proof of claim nor any statement herein contained shall

be construed to be (i) an admission by HWR of liability to any person or entity in any respect, or (ii) a waiver by HWR of any defense to any asbestos-related personal injury claim or claim for costs or expenses to real property.

HWR's claims against debtor include claims based upon judgments taken and post-verdict settlements made in asbestos bodily injury actions. Given the nature of the claims involved, HWR is unable to attach supporting documentation at this time. However, such documentation will be made available upon request.

HWR reserves the right to amend this Proof of Claim in the future.

ANH Refractories Company

Cherrington Corporate Center
400 Fairway Drive
Moon Township, PA 15108

Jackie Myers
Corporate Paralegal
Phone No. (412) 375-6917
Fax No. (412) 375-6724

January 22, 2003

Claims Processing Agent
Re: W. R. Grace & Co. Bankruptcy
P.O. Box 1620
Faribault, MN 55021-1620

RE: W. R. Grace & Co., et al.
Chapter 11
Case No. 01-01139 (JKF) Jointly Administered

Dear Sir or Madam:

I have enclosed an original and one copy of a Proof of Claim form for filing on behalf of Harbison-Walker Refractories Company, in connection with the above-referenced case. An acknowledgment copy of the form and a self-addressed, stamped envelope are also enclosed. Please return a date-stamped copy to acknowledge the filing of this claim.

Yours truly,

Jackie Myers

Jackie Myers

Enclosures